ARMY NURSE CORPS NEWSLETTER

"Ready, Caring, and Proud"

Volume 01 Issue 07 *April 2001*

Message from the Chief

I want to take this opportunity to extend my sincere appreciation for the outstanding job each and every one of you continue to do day in and day out. As I travel around the AMEDD, I continually receive compliments, on your behalf, related to the quality of the nursing care each of you provides – whether it is CONUS or OCONUS, TOE or TDA, in our MTFs or during one of our deployments. You have all created a professional reputation in the AMEDD, and throughout the Army, that is truly second to none.

There is one issue this month that I would like to address and then explain our need to support such a measure. As all of you know, the Army Nurse Corps has various Areas of Concentration (AOC) producing courses and many other opportunities to obtain Additional Skill Identifiers (ASIs). Many officers have obtained specialty training and their records reflect their specific AOC/ASI. Upon completion of their specialty course, our nurse corps officers work in their respective specialty for, at least, the next few clinical assignments. However, as some officers advance in their career they move out of their specialty area into more administrative/executive responsibilities. Many continue to carry the AOC/ASI for years even though they no longer work in that specialty area.

When PERSCOM reviews individual records and observes that an officer has not practiced in their specialty for five years or longer, they either remove the ASI from their record or, in the case of their AOC, they change their AOC back to 66H. This administrative measure is absolutely key in maintaining a database at the Branch level that gives us a "true" picture of the inventory of nurses in each of our specialty areas. It is imperative that this database only reflects individuals who are still current and/or practicing in their specialty area. The reason this database is so important is that we base promotions, schooling selections, assignments to our MEDCENs and MTFs, and our recruiting mission on the numbers we currently have in each specialty area. If we have individuals who no longer work in their AOC/ASI but continue to carry it on their ORB, it falsely skews the total number of available individuals in their specialty and adversely impacts on those areas (assignments, promotions, etc.) listed above.

PERSCOM has worked extremely hard in scrubbing the ORBs of all AN officers and identifying those that have not worked in their specialty area for the past five years. If you happen to fall into this category, Branch will either remove your ASI or change your AOC back to 66H.

What is currently occurring is officers, who have had their ASI dropped or their AOC changed, are going to their local personnel offices and reinstating them on their ORBs. Please understand that we are aware that officers have worked very hard to achieve these specialty skill identifiers and/or their specialty AOC. However, if we are to accurately account for what we have in each specialty area, it is key that your record reflect what you are doing today, not what you were doing five years ago.

Office of the Chief, Army Nurse Corps

Fort Sam Houston Office
COL Deborah Gustke
LTC Ellen Forster
MAJ Patrick Ahearne
Office of the Army Nurse Corps
AMEDD Center and School, CDR
ATTN: MCCS-CN, ROOM - 275
2250 Stanley Road
Fort Sam Houston, Texas 78234
210-221-6221/6659
DSN 471
Fax: 210-221-8360
ellen.forster@cen.amedd.army.mil
(substitute name for all others)

Washington D.C. Office
LTC Margaret Bates
Headquarters, DA
Office of the Surgeon General
6011 5th Street, Suite #1
Fort Belvoir, VA 22060-5596
703-806-3027
DSN 656
Fax: 703-806-3999
margaret_bates@belvoir.army.mil

AN Web Site:
www.armymedicine.army.mil/otsg/nurse/index.htm
ANC Branch PERSCOM:
www.perscom.army.mil/ophsdan/default.htm

On many occasions, I have briefed that one of our corporate goals in the ANC was to clean up our databases. This is one step in accomplishing that goal. In the long term, this initiative will enable us to set appropriate recruitment goals and allow us to maintain the appropriate distribution among our AOCs and ASIs. Of particular concern is that as we continue with requirements based promotions, we must have an accurate accounting at our senior ranks to ensure we give equal opportunity to those who are truly continuing to work in that particular nursing specialty.

I appreciate your assistance in this matter. If you have any questions or concerns related to this issue, please call your personnel management officer at AN Branch.

Ready, Caring, and Proud

Bill Bester
Brigadier General, AN
Chief, Army Nurse Corps

Article Submissions for the ANC Newsletter

The ANC Newsletter is published monthly to convey information and items of interest to all nurse corps officers. If you have an item that you feel would be of interest to your fellow ANCs, please e-mail to MAJ Ahearne. The deadline for all submissions is the last week of the month prior to the month you want the item published. We reserve the right to edit and review any item submitted for publication. All officers are eligible to submit items for publication.

PERSCOM

The Chief Nurse/Assistant Chief Nurse selectees were published last month. However we omitted the following officers:

COL Reid Stevenson	Chief Nurse	Ft Irwin
COL Vicki Odegaard	Assistant Chief Nurse	TAMC

DO WE HAVE A DEAL FOR YOU

If you are interested in a wonderful tour to Korea please call your Branch Manager. This is considered an overseas tour, **one year,** and has multiple clinical, military, and cultural opportunities for Army nurses. AN Branch can work out a return assignment prior to your PCS to Korea.

ODP

In the February 01 Army Nurse Corps Newsletter we spoke about the Officer Distribution Process (ODP). As a follow on the staff in Health Services Division (PERSCOM) briefed the Surgeon General 20 February 01. The distribution plan was then sent by e-mail to each RMC with a requested response of 15 March 01. Each MTF should look at their business plan and identify areas of impact (from all Corps) related to the ODP. This may be an opportune time to identify contract costs for those hard to fill AOCs. On 26 March 01 HSD met with the Council of Colonels and again reviewed the reclamas from the ODP. Following four hours of discussion and debate additional information was requested and will be submitted to OTSG by 2 April. The council of Colonels will then present their plan to the Surgeon General, final results are projected by 27 April 01.

OER Notes

Again, just a running narrative on OER issues. The rated officer should review the document prior to signing and make sure the height and weight is correct. Some officers gain or loose inches as the year's progress. Senior rater comments should be short and address command, military schools and promotion potential of the rated officer. Raters and Senior raters should avoid abbreviations and acronyms in the OERs, and gimmicks like all capitalization, quotes, and expressions "dyn-o-mite".

MORE IS NOT BETTER

AN Branch began removing AOCs and ASIs from Officer's records if they have not worked in the AOC or ASI for the last 5 years. Some officers have multiple ASIs, which presents incorrect information for those counting the number of officers working in specific AOC/ASIs. For example a 66F should not have the 66H8A on their record, this information will be reflected in Section VI on the ORB, military education, if they attended the ICU course. The quality of AN data must be clean and accurate since a variety of individuals can pull AOC/ASI numbers from MODS or TOPMIS. Please contact your assignment monitor if you have questions.

Upcoming FY 01 Boards see PERSCOM ON LINE @ www.perscom.army.mil

10-20 Apr 01 - CPT AMEDD & VI
15-22 May 01 - BG / MG AMEDD
5-22 Jun 01 - Senior Service College
10-20 Jul 01 - COL & RA Selection
10-27 Jul 01 - Command & General Staff College

FY01 AMEDD Colonel Promotion Board (MILPER Message # 01-114)

Convene and Recess Dates: 10 July 2001
Zones of Consideration:

LTC DOR:	Above the Zone:	01 Jul 96 and Earlier
	Primary Zone:	02 Jul 96 thru 01 Oct 97
	Below the Zone:	02 Oct 97 thru 01 Sep 98

OERs to PERSCOM: due NLT 03 July 2001
Required "Thru Date" for Promotion Reports (Code 11) is 04 May 2001
Required "Thru Date" for Code 21 Complete the Record OERs: 04 May 2001 (BZ eligible officers are not eligible for "Complete the Record" OER)
Letters to the President of the Board: due NLT 10 July 2001
POC is CPT Bob Gahol, AN Branch, PERSCOM, DSN 221-8124 / (703) 325-8124 or gaholp@hoffman.army.mil

FY 01 Senior Service College (SSC) Selection Board (MILPER Message # 01-086)

Convene and Recess Dates: 05-22 June 2001
OERs to PERSCOM: due NLT 29 May 2001
Required "Thru Date" for Code 21 Complete the Record OERs: 30 Mar 2001
Letters to the President of the Board: due NLT 05 Jun 2001
Requests for additional eligibility are due to PERSCOM: NLT 04 May 2001

FY01 Command and Staff College (CSC) Selection Board (MILPER Message # 01-119)
Convene and Recess Dates: 10 - 27 July 2001
OERs to PERSCOM: due NLT 03 July 2001
Required "Thru Date" for Code 21 Complete the Record OERs: 04 May 2001
Letters to the President of the Board: due NLT 10 July 2001

FY01 AMEDD Regular Army (RA) Selection Board (MILPER Message # 01-110)
Convene: On or about 19 July 2001
Application Forms must be dated no earlier than 08 Mar 01 and NLT 08 Jun 01
OERs to PERSCOM: due NLT 03 July 2001. "Thru Date" for RA Appointment Reports will be the date of application Complete the Record OER is not authorized.
POC for RA Applications is Ms. Norris, DSN 221-3759 / (703) 325-3759

Details of the Board MILPER Messages are now available online. To access the messages, go to PERSCOM online (www.perscom.army.mil), double click "Hot Topics", then select MILPER Messages.

Army Nurse Corps Branch Web Page

The following information is available through the Army Nurse Corps Branch Web Page: LTHET Guidelines, the Army Nurse Corps Lifecycle Model, White House, Congressional and Training With Industry (TWI) Fellowships and other important 'personnel' types of information. You may access our web page through PERSCOM ON LINE, through the Army Nurse Corps Homepage or through direct access. The direct address for our web page is:
www.perscom.army.mil/ophsdan/default.htmAN Branch Web Page.

Correct Address on Your ORB

As frequently mentioned in this newsletter and during AN Branch briefings, officers are again reminded of the critical importance of updating your home address on your ORB. The Army and Army Nurse Corps Branch send critically important information to our officers. Recently, we sent letters to all officers in the zone of consideration for promotion to LTC. The officers who do not have correct addresses on the ORB will not receive these letters. Please take a moment to stop by your PAC/PSB and ensure you have updated your address.

E-mail addresses may now be included in the ORB. Please provide only the appropriate e-mail addresses in your record.

LTHET Guidelines

The LTHET Selection Board for 2002 convenes July 2001. The 2002 LTHET Guidelines for MSN/Ph.D., Baylor and Anesthesia Nursing may be found on the AN Branch, PERSCOM web site at the following addresses:

Anesthesia: www.perscom.army.mil/ophsdan/defaultanesth.htm
Baylor HCA: www.perscom.army.mil/ophsdan/defaultbaylor.htm
MSN/Ph.D.: www.perscom.army.mil/ophsdan/defaultmsn.htm

If the 2001 instead of 2002 LTHET Guidelines pull up, try the following:

Click on -- "Tools" -- "Internet Options" -- "Delete" -- exit from guidelines, then re-enter to find 2002 LTHET Guidelines. If this fails, contact your local IMO for assistance.

Officers applying to begin school in the fall of 2002 may begin the application process at any time. However, **meeting the following deadlines is critical to the LTHET application process**:

~~**15 March 2001**~~	~~**Notice of Intent to Apply to LTHET due to AN Branch**~~
~~**15 March 2001**~~	~~**Waiver requests due to AN Branch**~~
15 April 2001	**Transcripts sent to Baylor University for Baylor HCA applicants**
01 May 2001	**USUHS applications due to USUHS for FNP and Anesthesia applicants**
01 June 2001	UTHHSC applications due to UTHHSC for Anesthesia applicants
01 June 2001	LTHET application due to AN Branch, PERSCOM

For questions related to the LTHET process, contact your local Hospital Education Chief or the Education Management Officer at AN Branch, PERSCOM, MAJ (P) Grimes at 703-325-3693, DSN 221-3693 or email grimess@hoffman.army.mil

LTHET OFFICER PUBLISHED

Congratulations to MAJ Veronica Thurmond, PhD candidate at the University of Kansas, Kansas City, Kansas. Her article "How to Host a Nursing Symposium, From Planning to Cleanup" was published in the **AORN, March 2001**.

LTHET TUITION CAP ESTABLISHED FOR 2002 SCHOOL STARTS

Due to new LTHET budget constraints, officers selected for long term civilian training to begin school in the fall of 2002 (from the LTHET Selection Board in July 2001), now fall under the newly established LTHET semester/quarter tuition cap. The new tuition cap is as follows:

Per semester	$3,000
Per quarter	$2,250

Officers must pay any tuition or associated costs billed by the school in excess of the Army Nurse Corps tuition cap directly to the school. Questions related to the LTHET tuition cap may be directed to MAJ (P) Grimes at 703-325-3693 or email at grimess@hoffman.army.mil

Transcript Updates

LTHET Transcripts: Before sending transcripts intended for LTHET application packets, please make sure you have forwarded the "Notice of Intent to Apply to LTHET" to AN Branch.

Transcripts intended to update the ORB and microfiche: All transcripts must be forwarded directly from the school to AN Branch, PERSCOM. Transcripts received from the officer in the sealed school envelope are also acceptable. Have transcripts mailed to:

COMMANDER, PERSCOM
TAPC-OPH-AN, ROOM 9N47 (MAJ Grimes)
200 STOVALL STREET
ALEXANDRIA, VA 22332-0417

KUDOS to All Officers Going to School Part Time

We at AN Branch recognize the amount of hard work, dedication, and initiative it takes to pursue your masters degree on a part time basis, while working full time as an Army Nurse Corps officer. Your efforts contribute to making the Army Nurse Corps one of the most highly educated groups of nurses in the country. Please contact your PMO, via e-mail, to let us know about your program of study**. This is especially important if you are pursuing graduate work that may lead to changing your AOC/ASI.** We need this information so we can work with you to plan for your future assignments, especially if you expect to be assigned in different AOC/ASI in the future.

Tuition Assistance (TA)

Tuition Assistance (TA) is offered through the Army Continuing Education System. This is a wonderful benefit for those motivated AN officers pursuing additional education. If you elect to take advantage of this program, remember **there is a two-year active duty service obligation incurred with the use of TA**. This is agreed upon when you sign DA Form 2171 (Application for Tuition Assistance). AR 621-5 states "Commissioned officers must agree to remain on active duty for at least **2 years after completion of the course** for which TA is provided unless involuntarily separated by the Army before that time (10 USC 2007). Officers who fail to meet this requirement because they voluntarily separate or are discharged for misconduct before they complete their service TA commitment are required to reimburse the Army the amount of TA that represents the unserved portion of the 2-year obligation as agreed upon by signing the DA Form 2171 (Application for Tuition Assistance--Army Continuing Education System)". **Currently, officers are being held to the two-year active duty service obligation and not given the option to reimburse the government for monies received.**

AN Branch Courses

MAJ (P) Grimes, AN Branch, manages seating for the following courses. Officers may not register themselves for these courses. Registration must go through the Chief Nurse (CN) or Hospital Education Chief's office to AN Branch. The HNLDC registration goes through the MTF Chief Nurse to the Regional Chief Nurse.

6F-F3 **AMEDD Head Nurse Leader Development Course** (HNLDC) (SA, TX)
(next available courses are ; 10 – 22 Jun 01; 12 – 24 Aug 01)
Seat allocations limited. Officer must be selected through the Regional Chief Nurse.
- Regional Chief Nurse may register officers by email with name/rank/SSN

6F-F2 **AMEDD Advanced Nurse Leadership Course** (ANLC) (SA, TX)
(All courses **CANCELLED** through end of fiscal year)

6A-C4 **Combat Casualty Course** (C4) (FSH, TX)
next available courses are : 10 – 18 May 01;
7 – 15 Jun 01;
13 – 21 Sep 01
- CN or Hospital Education Chief may register officers by email with name/rank/SSN

6A-C4A **Joint Operations Medical Managers Course (formerly Combat Casualty Management** (FSH, TX)

(next available courses are 22 – 29 Jun 01 & 26 Oct – 02 Nov 01)
*PLEASE NOTE – THESE ARE REVISED DATES
- CN or Hospital Education Chief may register officers by email with name/rank/SSN

6H-F26 **Med Defense Against Biological/Warfare & Infectious Disease (Ft Detrick) and Medical Management of Chemical Casualties (USAMRICS, MD)**
next available class is 04 May – 11 May 01; (take with 6H-F25)
14 – 21 September 01 (take with 6H-F25)
** DA 3838 required NLT 45 before the start of the course

DNWS-R004 **Emergency Hazards Response Course (formerly Radiological Hazards Training Course)** (Kirkland AFB, NM)

Class #	Report Date	Start Date	End Date	Seats per class
002	16 Sep 01	17 Sep 01	21 Sep 01	7

A DA 3838 is necessary to request this course and must be submitted NLT 45 days before class start date. To be eligible for the course, applicants are required to have a "Secret" security clearance. POC at AN Branch is MAJ(P) Grimes at DSN 221-3693.

FY 2002 White House Fellowship **Applications due 7 September 2001**

The President's Commission on White House Fellows annually selects exceptionally promising individuals from all sectors of American life to serve as White House Fellows. The purpose of the White House Fellowship is to provide gifted and highly motivated young Americans some first hand experience in the process of governing the nation and a sense of personal involvement in the leadership of society. Fellows write speeches, help review and draft proposed legislation, answer congressional inquiries, chair meetings, conduct briefings, and otherwise assist high-level government officials. Fellows are assigned to work with senior White House officials, cabinet secretaries, or other deputies. In the past, fellows have worked for the Vice-President, The White House Chief of Staff, and the National Security Council. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001**

The White House Fellowship is a highly competitive process. AMEDD officers must meet the following criteria: have received permission to compete from their Personnel Management Officer (PMO) at AN Branch; US citizen; not less than 5 years and not more than 17 years active federal commissioned service (AFCS) at the beginning of the fellowship in September 2002; not competing for any other Army sponsored program, fellowship or scholarship; be able to complete a full fellowship and 2 years follow-on assignment; have no adverse actions pending, meet army height/weight and PT requirements; be PCS vulnerable; completion of Officer Advanced Course; have a graduate degree; not completing a utilization tour for civilian education (if the officer is completing a utilization tour must complete prior to the start of the fellowship). Officers must have outstanding performance records.

Application Packet: (DUE IN AN BRANCH NLT **7 September 2001**
1. Completed DA 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command. Verification of height/weight/PT MUST be addressed in a separate memo signed by the officer's Commander. Mail application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN (room 9N47) ATTN: MAJ Grimes, 200 Stovall ST., Alexandria, VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, then forward with your packet)
5. Officers applying must have a current digital photo and college transcripts on file at AN Branch.

MAJ(P) Steven Grimes is the POC for this fellowship and may be reached at DSN 221-3693, commercial 703-325-3693 or email Grimess@hoffman.army.mil

FY 2002 CONGRESSIONAL FELLOWSHIP **Applications due 7 September 2001**

The U.S. Army Congressional Fellowship program is designed to provide congressional training to top Army officers beginning August 2002 through December 2003. Fellows will begin the fellowship by attending the Force Integration Course held at Fort Belvoir, Virginia from August to December 2002. Fellows typically serve as staff assistants to members of Congress. Fellows are given responsibilities for drafting legislation, arranging congressional hearings, writing speeches and floor statements, and briefing members for committee deliberations and floor debate. **Deadline for application to Army Nurse Corps Branch, PERSCOM is 7 September 2001.**

Eligibility: Request and receive permission to compete from officer's Personnel Management Officer (PMO); have accrued active federal commissioned service of not more than 17 years as of 1 January 2002; not be competing for any other Army sponsored program, fellowship or scholarship while competing for the fellowship; have no adverse actions pending; must not be serving in or owe a utilization assignment; meet army height/weight/APFT requirements; have potential for future military service; meet the two-year time on station requirement at the start of the fellowship; be a CSC graduate (resident/non-resident); hold the rank of MAJ or LTC.

Application Packet: (DUE TO AN BRANCH NLT **7 SEPTEMBER 2001**)

1. Competed DA Form 4187 (Personnel Action). The form must include endorsement by the officer's command and the officer's height/weight/APFT verified by the command annotated in the remarks section. Mail application to CDR, PERSCOM, ATTN: TAPC-OPH-AN, Room 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria VA 22332-0417
2. Current curriculum vitae (CV)
3. Letter of recommendation from Chief Nurse
4. Signed ORB (obtain from your local PAC, review, sign and forward with your packet)
5. Officers applying must have a current digital photo and official college transcript on file at AN Branch.

MAJ(P) Grimes is the POC for this fellowship and may be reached at DSN 221-3693 or commercial 703-325-3693 or email at grimess@hoffman.army.mil

FY 2002 TRAINING WITH INDUSTRY (TWI) **Applications due: 1 November 2001 (revised date)**

Two qualified officers will be selected for the FY 2002 Training With Industry Fellowship. These officers will get firsthand experience in the private sector, while gaining managerial techniques and skills for application in the AMEDD. All programs are graduate-level and non-degree producing. Selected officers will begin their fellowship late summer of 2002 and then complete a follow-on utilization tour beginning the summer of 2003. The TWI fellowship will not exceed 12 months in length. Applicants incur an active duty service obligation (ADSO) of three years for the first year of training or any portion of the training.

Following are the two **projected** TWI sites for FY 2002. TWI opportunities are open to all AOC/ASIs.

Healthcare Finance Administration (HCFA), Baltimore, Maryland
Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, Illinois

Eligibility: The TWI Fellowship is highly competitive. ANC officers must meet the following criteria: Masters degree; completion of CGSC; at least eight years but not more than 17 years active federal service (AFS); two years time on station at the start of the program or completion of an overseas tour; not competing for any other Army sponsored program, fellowship, or scholarship; be able to complete a full utilization tour following the fellowship; no adverse action pending; meet the Army's height/weight/PT requirements; be PCS vulnerable; and the rank of MAJ or LTC. Officers must have an outstanding performance record.

Application Process:

1. The interested officer requests and receives permission to apply from their Chief Nurse and their Personnel Management Officer (PMO), AN Branch, PERSCOM.
2. Officer submits an application packet **NLT 1 November 2001 (revised date)** that includes:
   a. The completed DA FORM 4187 (Personnel Action) through the local chain of command to AN Branch, PERSCOM. The form must include endorsement by the officer's chain of command.
   b. Verification of height/weight/PT MUST be addressed in a separate memo signed by the officer's Commander.
   c. Current curriculum vitae (CV)
   d. Letter of recommendation from the Chief Nurse
   e. Statement of Professional Goals and Objectives from the officer
   f. Signed ORB (obtain from your local PAC, review, then forward with your packet)
   g. Completed DA Form 1618-R.
3. Officer must have a current digital photo and BSN and Masters transcripts on file at AN Branch, PERSCOM.
4. The PMOs in AN Branch will screen the application for competitiveness and suitability for the program, after which the application will be reviewed with the Chief, Army Nurse Corps for final selection and approval of the TWI participants. Applicants, once approved, will have a contract established with the civilian organization.
5. Mail the completed application to: CDR, PERSCOM, ATTN: TAPC-OPH-AN, RM 9N47 (MAJ Grimes), 200 Stovall Street, Alexandria, VA 22332-0417
6. POC for the TWI Fellowships is MAJ(P) Steven Grimes, Education Management Officer, AN Branch, PERSCOM at DSN 221-3693 or commercial 703-325-3693 or email at grimess@hoffman.army.mil

TWI and RAND Officer Selections

1. Congratulations to the following officers on their 2001 AMEDD and ANC Fellowship selection:

LTC Sherilyn Curry, Dwight David Eisenhower Army Medical Center, Fort Gordon, GA – RAND Arroyo Fellowship, Santa Monica, CA
LTC Elaine Fleming, 18th MEDCOM, Yong San, Korea – TWI: Joint Commission on Accreditation of Healthcare Organizations (JCAHO), Chicago, IL
MAJ Christine Merna, AN Branch, PERSCOM – TWI: Health Care Finance Administration (HCFA), Baltimore, MD

2. These officers begin their fellowship training in the fall of 2001.

Preparation for TDY Courses

Just a friendly reminder, it is the responsibility of each unit to ensure that all officers going TDY are able to meet the Army's height/weight and APFT standards. For any course that generates an AER, officers must be able to pass these standards to be able to pass the course.

Captain's Website

A "Captain Retention" Website has recently been loaded onto PERSCOM ON LINE. The Website has been developed and written by Captains assigned to PERSCOM and contains information of interest to and specific for Captains. You may find that some of the information does not apply to you as an ANC officer but please take a minute to review this interesting website. It is located at: http://www.perscom.army.mil/ OPcptRet/homepage1.htm

Officer Advanced Course

Please note the date change in OAC Phase II. Officers need to have completed OAC before the Majors board. CPT Gahol at AN Branch schedules officers for Phase II of OAC once the officer has completed Phase I. Below is the list of OAC class dates for FY 01&02. Seats are limited so please plan accordingly.

Class #	Report Date	Start Date	End Date
031	15 Jul 01	16 Jul 01	21 Sep 01
041	30 Sep 01	01 Oct 01	13 Dec 01
012	06 Jan 02	07 Jan 02	15 Mar 02
022	24 Mar 02	25 Mar 02	31 May 02
032	07 Jul 02	08 Jul 02	13 Sep 02
042	22 Sep 02	23 Sep 02	05 Dec 02

Please send a copy of DA3838 and OAC Phase 1 Certificate of Completion to CPT Gahol at AN Branch (fax is OK). The chief nurse or designee must sign DA 3838. Officer must not be on temporary profile, have met HT/WT standards and have passed the most recent APFT before attending Phase II. In addition, include the name, e-mail address and telephone number of the MTF's OAC coordinator. The OAC letter will be sent through your facility's OAC coordinator.

OAC Phase II Enrollment Cancellations

Officers wishing to cancel their enrollment from OAC Phase II must submit a letter thru their chief nurses or Education Coordinators NLT 2 weeks before the course starts. Send the letter to CPT Gahol. Please note officers that cancelled without adequate notice will be considered as "No Shows".

CGSC and CAS3 through the Reserves

Taking **CGSC** and **CAS3** through the **Reserves** has become very popular and classes do fill quickly at the more popular locations and times. Please plan early--send your completed 3838s, signed by your respective chain of command, and fax to **LTC Eckert** at **DSN 221-2392**, com. **703-325-2392**. Respective POCs for specific ATRRS and class related questions are:

CGSC by Reserves—Ms Jennifer West **DSN 221-3159**
CAS3 by Reserves—Ms Jennifer West **DSN 221-3159**

CAS 3 Information on Line

Information for the Reserve Component (RC) CAS3 can be found on PERSCOM ON LINE. The web address is WWW-PERSCOM.army.mil. Use the SEARCH option listed in the main menu and type in RC-CAS3, press enter. The information pertains to AD officers attending Reserve Component CAS3. Points of contact (POC) for specific reserve component regions are listed. Ms Jennifer West (DSN 221-3161) is an additional POC for specific questions relating to CAS3. LTC Ted Eckert (eckertt@hoffman.army.mil) is the AN Branch POC.

CGSC Information on Line

Information for CGSC and CAS3 can be found on line. The web address is WWW-CGSC.army.mil.

Ms. Jennifer West (DSN 221-3159) is an additional POC for specific questions relating to CGSC. Please do not attempt to register on-line. Registration for CAS 3 and CGSC must be processed through your respective local training chain of command. LTC Ted Eckert (eckertt@hoffman.army.mil) is the AN Branch POC.

Promotions Branch 24 Hour Information Hotline

Promotions Branch has a 24-Hour Information Line. The InfoLine number is DSN: 221-9340 or Comm: (703) 325-9340, call the number 24 hours a day, seven days a week. The InfoLine contains current information on many promotion issues (monthly promotion numbers, upcoming promotion selection boards, and release of pending promotion selection lists for both officer and enlisted) and also offers an option to speak to a promotions technician. The InfoLine is updated on a regular basis. If there is no release information on the InfoLine, that means a firm release date has not been established. Also, remember Promotions Branch communicates using PERSCOM Online, e-mail, Army wo rldwide messages and OMIS.

Generic Course Guarantee

Thanks to all chief nurses, section supervisors, head nurses and nursing education personnel who assist officers with the Generic Course Guarantee (GCG) in specifying the course they would like to attend. Specification by the officer is to be done within the first year on active duty. Additionally, I will continue to send out quarterly reminders to chief nurses on officers with outstanding GCG specifications. This reminder will state when the officer needs to specify their course and the time frame in which the officer needs to attend the course. Chief nurses must be proactive and plan for course attendance for these officers (which in many cases will mean a loss of that officer to the organization). However, AN Branch reserves the right to direct officers to courses based on the availability of class seats and Army Nurse Corps needs. If you have any questions, please call LTC Charly Hough at (703) 325-2398 or DSN 221-2398 or e-mail at houghc@hoffman.army.mil.

Additionally, there have been questions concerning what constitutes a course packet for those officers with Generic Course Guarantees. The officer with a Generic Course Guarantee must specify within the first year on active duty which course he or she would like to attend (OB-GYN, Psychiatric, Perioperative, Critical Care). If an officer does not wish to specify a course, he/she may decline the Generic Course Guarantee. In no way is this construed as detrimental to an officer's career. At the time of specification a memorandum (Statement of Course Preference) may be faxed or mailed to LTC Hough at AN branch. The officer must attend the specified course with at least one year remaining of their obligation. In other words, if an officer has a 4-year obligation, the course must be completed by the end of the third year to allow for one year remaining on active duty. The course packet consists of a DA 3838 with appropriate HT/WT/APFT data in remarks section and a DA 438 (preference statement). When applying for a course, always seek guidance from your MTF nursing education department or chain of command.

AOC/ASI Producing Courses

We have had tremendous response from folks applying to our AOC/ASI producing courses, particularly to the Critical Care, OB-GYN and the Perioperative Nursing course. Keep up the great work! However, the Psychiatric/Mental Health Course has not had the same level of enthusiastic response. If you would like to experience psychiatric nursing you are encouraged to apply for this TDY course which is now held at WRAMC in Washington DC. We are still looking for a "few good nurses" to attend our AOC/ASI producing courses! Please contact your Chief of Hospital/Nursing Education ASAP if you are interested in attending any of these courses.

We have changed a few things in AN Branch in order to streamline operations!! Continue to send your applications to AN Branch but send to attention of the following Personnel Management Officers (PMOs). LTC Ted Eckert, 66E & 66F PMO, will manage the Perioperative Nursing Course. LTC Angela Ross, 66H8F, 66H8G & 66C PMO is the point of contact for the Psychiatric Nursing, OB/GYN, and Community Health Nursing Courses. LTC Charly Hough, 66H (LT) is the new point of contact for the Critical Care Nursing Courses and the Emergency Nursing Courses. Please note that even if an application lands on the wrong desk, we will ensure it gets to the right staff officer for processing.

AOC/ASI COURSE	LOCATION	REPORT DATE	START DATE	END DATE	APPLY BY
Critical Care Nursing	WRAMC	~~25 MAR 01~~	~~26 MAR 01~~	~~17 JUL 01~~	~~13 NOV 00~~
	BAMC	1 APR 01	2 APR 01	24 JUL 01	~~13 NOV 00~~
	MAMC	15 APR 01	16 APR 01	7 AUG 01	~~13 NOV 00~~
	BAMC	25 AUG 01	27 AUG 01	21 DEC 01	~~19 MAR 01~~
	MAMC	25 AUG 01	27AUG 01	21 DEC 01	~~19 MAR 01~~
	WRAMC	26 AUG 01	27 AUG 01	21 DEC 01	~~19 MAR 01~~
Emergency Nursing	BAMC	~~1 APR 01~~	~~2 APR 01~~	~~24 JUL 01~~	~~13 NOV 00~~
	BAMC	26 AUG 01	27 AUG 01	21 DEC 01	19 MAR 01
Psychiatric-Mental Health Nurse	DDEAMC	~~7 JAN 01~~	~~8 JAN 01~~	~~8 JUN 01~~	~~CLOSED~~

	WRAMC	26 AUG 01	27 AUG 01	20 DEC 01	25 APR 01
	WRAMC	06 JAN 02	07 JAN 02	26 APR 02	06 SEP 01
	WRAMC	19 MAY 02	20 MAY 02	10 SEP 02	19 JAN 02
OB/GYN Nursing	TAMC	15 APR 01	16 APR 01	3 AUG 01	13 NOV 00
		26 AUG 01	27 AUG 01	20 DEC 01	19 MAR 01
Perioperative Nursing	MAMC	~~7 JAN 01~~	~~8 JAN 01~~	~~27 APR 01~~	~~FILLED~~
	WBAMC	~~4 MAR 01~~	~~5 MAR 01~~	~~22 JUN 01~~	~~27 NOV 00~~
	BAMC	1 APR 01	2 APR 01	24 JUL 01	~~27 NOV 00~~
	MAMC	20 MAY 01	21 MAY 01	14 SEP 01	~~11 DEC 00~~
	WBAMC	15 JUL 01	16 JUL 01	2 NOV 01	~~19 MAR 01~~
	BAMC	26 AUG 01	27 AUG 01	20 DEC 01	~~19 MAR 01~~
	MAMC	14 OCT 01	15 OCT 01	22 FEB 02	04 JUNE 01
	BAMC	27 JAN 02	28 JAN 02	17 MAY 02	02 NOV 01

REMINDER: Officers who are applying for specialty courses need to be aware that there are several factors that are closely evaluated when making the course selections. Officer qualifications, MTF needs, fiscal constraints and personal assignment preferences are a few of the important factors that are thoughtfully considered. Officers should be aware that any time they are coming out of a school, (i.e. AOC courses and LTHET) the priority for the follow on assignment is the "utilization tour" while meeting the needs of the MTFs. This is why officers attending AOC producing courses are generally assigned to Medical Centers or large, busy MEDDACs as their follow on assignment.
It is always our goal to match up personal preferences, however, sometime that is not always possible. Therefore, if you are applying for a course you must be prepared to accept the follow on assignment as a condition of your acceptance to the course. Preference statements are part of the application process, be sure that you state any special considerations that you would like us to be aware of when making your assignment. Once the assignments are made it is very difficult to change them.

Assignment Opportunities for 66H Lieutenants
If you are interested in a TOE assignment, please contact me at **houghc@hoffman.army.mil**.

Assignment Opportunities for Captains

There continues to be great assignment opportunities for Company Grade Army Nurse Corps officers! The summer 01 PCS cycle identifying vulnerable officers has been sent to each chief nurse. By now, the officers that were identified for a summer move should have received notification through their chain of command. If you think you were overlooked, or have at least two years time on station and would like to be considered for a summer 01 move, please contact your chief nurse immediately so that we can begin planning your next assignment.

There are assignment opportunities at the following locations summer 01: Fort Polk, LA, 21st CSH, Fort Hood, TX, William Beaumont Army Medical Center, Ft. Bliss, TX, Dwight David Eisenhower Army Medical Center, Ft. Gordon, GA, exotic Korea, Germany, and other TOE assignments! If you are interested and meet the criteria for a PCS, please email MAJ Christine Merna at **mernac@hoffman.army.mil**

DEPLOYMENT OPPORTUNITIES!!! Several TOE units are on the screen for deployment in FY 01. If you are looking for an assignment with a mobile, field unit contact MAJ Merna for more information at **mernac@hoffman.army.mil**

Smart Tips from the FRO
By CPT Bob Gahol

Army Post Board Screen Process

1. **Purpose:** To provide an overview of the Post-Board Screen process.
2. **Facts:**

a. In 1986, the CSA, approved a post-board screening process for all COL-Level promotion and command selectees. This process was expanded in 1988 to include LTC-Level command and project/product manager selectees. This process was established to ensure that only officers of the highest standards are promoted to COL, or selected for command at the COL or LTC level.

b. Files of the Criminal Investigation Command, the Department of the Army Inspector General and the Central Clearance Facility (CCF) and restricted microfiche are reviewed for substantive derogatory information.

c. Relevant data is forwarded to the General Officer Review Board (GORB) which consists of the ADCSPER, the Assistant TJAG and Deputy, TIG for investigations and oversight. The GORB reviews all alleged derogatory information to determine if the information warrants referral to a Promotion/Command Review Board (CRB/PRB).

d. Those officers referred to a PRB are flagged and notified of their status. They are provided a copy of the alleged derogatory information and given 45 days to submit a rebuttal. The officer's rebuttal, along with his/her performance fiche, officer record brief and official photograph, is then referred to a SRB. The SRB determines if the information is enough to warrant the officer's removal from the selection list.

e. The results of the PRB/CRB are then forwarded for decision to the SA for promotions and the CSA for command review boards.

The POC for Post Board Screen is Mrs. Patricia Carroll, DSN: 221-9216 or COML: (703) 325-9216. The e-mail address is: carrollp@hoffman.army.mil

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LIFE IN THE BALKANS

By the Nurses of Task Force Med Eagle (TFME)
249th General Hospital (FWD)
Eagle Base, Bosnia-Herzegovina

This will be the last letter from the Nurses of the 249th General Hospital (FWD) deployed to Bosnia - Herzegovina for SFOR VIII. By the time you read this we will have just completed 179 official Operational Days as the TFME VIII Department of Nursing. As before, each day for CPT Cartwright, 1LT Dudley, CPT Glenn, MAJ Graham, CPT Hall, MAJ Hinton, 1LT Kobiela, CPT MacDougall, CPT Milam, and CPT Shackleford has been filled with challenges, patient care, training, and opportunities to be Ambassadors of American Military Nursing. Here is our final installment from Bosnia.

"We have made changes and changes have made us"

When we arrived in this landmine-laden country, the grass was green, the trees full, and nobody picked up anything they didn't drop. When we first stepped off the plane in September 2000, we felt we would never start a 'countdown' calendar. Today there is just a 'bag drag' before we go home. The challenges of the last six months have been significant; however, the rewards have been greater.

We are no longer ten individual nurses from several different hospitals. The nursing care of Task Force Med Eagle has become TEAM nursing. Through the day-to-day patient care, patient care exercises, and the MASCALs, the staff has used their individual and collective nursing skills to provide seamless quality patient care. This deployment compelled everyone to step up and become a leader.

The chief nurse's faith in our abilities allowed us to be the subject-matter experts that we were brought here to be. As a result, we built a nursing program that is second to none. The fact that decentralized nursing management was encouraged displayed great trust in the respective section chiefs, stimulating independence and a strong sense of responsibility within the TFME DON philosophy and vision.

The 249th General Hospital (FWD) based out of Fort Gordon, Georgia successfully provided the Echelon Level III medical care of Task Force Med Eagle [TFME] in the Multi-National Division - North [MND - N] sector for the Stabilization Forces (SFOR) in Bosnia - Herzegovina. The nurses deployed to Bosnia provided patient care and support to 7435 out patient visits, 110 inpatient admissions, 122 strategic evacuations, and 95 surgeries during our 179 Operational Days in Bosnia. Surgeries were down considerably on our deployment due to the younger age and higher fitness level of our (3rd ID) patient population. We provided care for troops of many nations present in support of Operation Joint Forge. The ANCs, whether collectively or in some cases individually, have also engaged in the following activities:

- Designed, and oversaw the total renovation of the Surgical/Operative and Central Materiel Sterilization sections of the Hospital.
- Conducted ongoing assessments and initiated upgrades to the design and construction of a Physical Therapy Center for the TFME Hospital.
- Established TFME - Eagle Base, Bosnia as a recognized Training Site of the National Registry for Emergency Medical Technicians, facilitating the perpetuation of 91W transition training by all follow-on units.
- Supported the educational, recreational, and basic needs of Bosnian people via visits to schools, orphanages, and refugee camps bringing school supplies, sports equipment, and clothing to those in need.
- Engaged in the "Fit Eagle" circuit rider program throughout MND-N to reach American troops and provide health promotional and assessment activities in concert with other allied health providers. The Fit Eagle Program integrated offerings in nutrition, physical therapy, optometry, women's health, mental health, and nursing.
- Developed and practiced pre-hospital evacuation/MASCAL patient care skills with the Danish medical team stationed at Eagle Base. Presented self-help medical instruction to the Danish Scouts and Tankers stationed at Camp Dannevirke near Doboj, Bosnia.

- Commenced personal relationships to establish bonds of trust and mutual understanding with the 1st Peacekeeping Russian Separate Airborne Brigade Commander, Chief Physician, and staff stationed at Camp Ugljevik, Bosnia.
- Trained 104 soldiers to certification level in Combat Life Support and 51 in Emergency Medical Technology.
- Provided direct and behind the scene support to CIMIC in their efforts for refugee returns, infrastructure repair and economic reconstitution and to multiple Special Forces elements and teams operating within the SFOR Theater of Operations.

This deployment to Bosnia has been a great experience, filled with challenges, life long memories and we've all found that we are not too old to learn. We achieved our deployment goals. This includes but was not limited to: SOPs, policies, schedules, (e.g. work, guard duty, leaves, etc.), reports (e.g. out of the wire, workload, etc.), activities/programs (e.g. Hilltop Telemedicine), other duties as assigned (education, infection control, QI, chart review, etc.), established a DON Web Site, upgraded nursing documentation, improved patient flow, prevented hospital acquired infections, developed relationships with NATO and Allied Forces, and made improvements in each section's equipment/resources. Whatever else falls within the 'right thing to do' category was confronted head on. We all started writing our OERs , NCOERs and awards early which are part of any deployment's close out. Much has been done, and much not yet fully done has been at least started by the nurses of TFME VIII.

Hospital Improvements/Minor Alterations

We were able to get the inside of the hospital painted [a bright white] for the first time in 2 ½ years, so there will be one less trauma for our successors to work around. We managed to get the entrance doors to the ICW moved about 20 feet closer to the ICU. The effect is that people transiting through the ICW to get to either the expansion ward or the Med Ed Tent will no longer be taking a "dog-leg route" through the ICW. Now we have a straight through passageway and the ICW patients' privacy can be curtained off from the traffic and better safeguarded.

Combat/Operational Stress Reactions (COSR)

This deployment has been short on the ends and long in the middle. It may have been too long for some folks. Although we have been truly blessed both operationally and emotionally by the warmest and driest Bosnian winter in 38 years; we still needed to help others, keep some others at least an arm's length apart, shore up frazzled emotions, and make some soldiers whole again.

Combat Operational Stress Reaction (COSR) is not a diagnosis, but is instead an accounting category label. COSR encompasses brief mental and somatiform reactions manifesting during a specific operational mission which are significant causes of the individual's physical, mental or behavioral symptoms. In fairness, activities on the home front can contribute to this also. The 'treatment' involves "the four R's" of reassurance, respite, replenishment, and restorative work for about four days.

Everyone in the military, but especially those on PROFIS status or assigned to TOE units should think out answers to the following questions:

1. How will I cope with being away from my family and friends for several months?
2. How can I handle working long hours, often while wearing heavy personal protective gear, and with very little sleep?
3. How will I feel when I cannot reach out and touch my spouse or significant other or tuck my children into bed?
4. What will I do if there is nowhere to go for privacy?
5. Who will I talk to if I am lonely, scared or frustrated?
6. What will I do if I do not like this deployment or the people deployed with me?
7. How will I recognize Combat/Operational Stress? How will I manage it?

Each of the main areas of the Hospital [ER/OPC, ICU/ICW, and OR], have weekly Staff Meetings just to discuss what is going on in the Unit, in the Hospital, schedules, taskers, trips, leaves, policies, whatever. Ideally as a Task Force but at least as a Department of Nursing, consider having the Combat Stress Control and the Equal Opportunity folks come in for short presentations.

Core Competencies

In a deployed setting, your TOE hospital may be the only true clinical asset in the Theater of Operations. This fact, combined with low density staffing requires just about everyone to cross-train in clinical areas not routinely encountered in our TDA jobs. The net effect is that when deployed, you may have opportunities to learn additional clinical skills sooner than would be acquired in a fixed facility where the nurses do not rotate through the ER and ICU and ICW. The core clinical competencies of the SFOR VIII nurses were broadened by the experience.

When transitioning from our CONUS clinical practice to a deployed, TOE contingency mission, both our focus and our practice underwent changes. Although the numbers of patients seen may well be lower than at a busy MEDDAC; a more diverse and in some cases more acute patient mix immerges. Some have called the health care here 'a return to basics'. The nursing care provided by the Task Force Med Eagle nurses has been basic only as far as it is the same basic high quality of care provided everywhere in the AMEDD.

Depending on the facility you are presently working in, the deployed TOE experience may be a sharp contrast to the TDA or non-deployed clinical nursing experience. The TFME nurses were called upon to treat a wide range of patients presenting with: acute myocardial infarctions, CVAs, unstable angina, thrombocytemia, PSVT, syncope, seizures, radiculopathies, dislocations, closed head injuries, vertebral fractures, herniated discs, pectoralis muscle tears, retinal detachments, pneumonitis, cellulitis, abscesses, iritis/scleritis,

appendicitis, bronchitis, meningitis, pylelonephritis, diverticulitis, acute thyroiditis, renal calculi, major depression, salicylate overdoses, migraines, gamma hydroxybutyric acid [GHB] overdoses, venous duct thrombosis, blast/barotraumas with shrapnel, hyper viscosity syndrome, UGI hemorrhage, glaucoma, pneumonias, pelvic fractures, pulmonary abscess with pleural effusion, coccidiomycosis, and renal infarctions. Whatever your personal decision, we found it professionally beneficial to have taken this opportunity to deploy and enhance our clinical skills.

Nursing Education

We are a smarter, more confident group now. Education here was needs-based with no shortage of volunteer instructors and subject matter experts. There were two to three Nursing In-Service Educational offerings per week that covered all aspects of professional development. Continuing education projects were not only attended by nurses, but were also developed and presented by nurses. Weekly CME presentations were made by the physicians and many of the CME credits were converted to contact hours for the nurses that attended. These presentations were well attended by the Russians, Danes, Swedes and representatives of several other nations involved in patient care in the Balkan Theater of Operations.

The TFME nurses got 'on line' with many Army Officer competencies and elements of information via weekly Officer Professional Development (OPD) programs. We all were exposed to: mine awareness, Balkan Medical Support Plans, Army Theater Health Service Support Structure, WMD demonstration, SINCGARS and radio procedures, load/unload aircraft, command directed mental health evaluation procedures, weaponeer, MEB/MMRB, JAG brief on Lautenberg Amendment, morgue tour, railhead OPS, weapons maintenance, vehicle PMCS/dispatch procedures, among others.

The 249th General Hospital Nursing staff has not only been developing/enhancing itself, but also the Guard, Reserve, plus the active duty medics of the 3rd Infantry Division. In addition to working their assigned shifts within the hospital, the nurses of TFME presented instruction in five Combat Lifesaver (104 graduates) and three Emergency Medical Technician Courses (51 graduates). The nurses of TFME taught firemen, medics, soldiers, 91C nurses, OR and Pharmacy Technicians for 14 of the 28 weeks deployed.

Extracurricular Activity

Maybe the largest not yet mentioned feat is the total number of miles run and pounds lost. More than one of us will stroll out of the cafeteria without paying for our food someday soon. We will all miss the 24/7 free chow, the free almost-first run movies, and the 24/7 gym.

Going Home

The SFOR IX plane has landed and we are ready. The preparation for the turnover began months ago with the newly developed or modified policies and procedures being standardized and installed on the hospital computer system. These policies cover everything from housekeeping to medical support to Indicted War Criminals. The transition process became palpably real when the SEA - Huts that usually house 4 to 6 people were jammed to double occupancy in order to accommodate 8 to 12. It doesn't matter if you can't get to the showers in the morning; the hot water is gone by 0600 (its usually 0700). This is a hectic time, but as our deployment draws to a close, the pace serves to provide unity and esprit some thought was lost along the way. It will ease the transition.

The ICU/ICW hospital beds are empty, the operating room is dark, and the emergency room is quiet. Our Right Seat Ride/Left Seat Ride is over and the staff of the 28th CSH now has their opportunity to excel.

Our take-a- ways and our memories include: Our training in medical management and multinational situations, a broader scope of core nursing competencies, plus foreign representatives now friends socially and professionally as a result of our visits to their Areas of Operation.

Parting Thoughts

Actively work at transitioning out of your Garrison/TDA expectations and attitudes into the Contingency/TOE or Stability and Stabilization Operation mentality. Children will be children. Some just look older than they act. Don't let down. Train, coach, and mentor your peers, subordinates and your replacement. Encourage, act, reassure. Explain. Make commitments (not promises). Send thanks to your family and friends. They will provide you with a kind or supportive word, and the necessary reality check when the time comes. They will be there long after this deployment ends. Recognize their sacrifices just as we recognize our own.

Remain focused on your Mission. Develop a personal and operational 'battle rhythm' which is resilient and responsive enough to take on the unexpected. Learn your job, inside and out. If you have a question, ask it. If you are uncertain as to how to perform a task, do it again. Don't ever think that what you are doing is unimportant. People are counting on you. Confidence is a force multiplier. Being tentative or fatalistic in a deployed environment is dangerous.

You are a professional and have achieved objectives worthy of professionals. You have gained exceptional experiences in an

operational environment. Share those skills with others. The experiences and skills gained while deployed translate well during high intensity combat operations. You make a difference. Bosnians and the world know that your presence assured an opportunity for peace and stability to exist.

Global Patient Movement Requirements Center

CPT Teresa Duquette

"An Army of One"

There in the midst of cornfields and nestled quietly against the sky, lies an Air Force base known as Scott, only minutes away from the jazz capitol of the world known for it's archway, Rams football, Cardinals baseball and multiethnic foods. According to local history, the beginning of air evacuation took hold by the determination of three individuals, Captains Charles Bayless, Earl Hoag, and A.J Etheridge, along with LT Seth Thomas; their goal was to improve the recovery of downed pilots. They designed two air ambulances by modifying Jenny aircraft to carry patients. On August 24, 1918 Scott's air ambulance transported it's first patient after an aviator broke his leg.

This early medical evacuation was just the beginning of what would eventually become a primary role for Scott AFB. Today the C9 Nightingale is the only military aircraft with the sole mission of medical evacuation used through out the world. Currently, C9s are located at Ramstein, Germany for supporting the European theater and Yakota, Japan for the Pacific theater in addition to Scott, which supports the continental US.

Also located on Scott is the US Transportation Command (USTRANSCOM), which provides a Defense Transportation System (DTS) ready to and capable of meeting the nation's needs. It ensures timely, customer-focused global mobility in peace and war with efficient, effective and integrated transportation from origin to destination. USTRANSCOM's course hinges on three vital themes: (1) readiness to support the war-fighter; (2) preparing now to operate effectively in the 21st century through modernization and continuous process improvements for increasingly effective and efficient transportation; (3) continued, dedicated focus on the needs of the families.

Within USTRANSCOM is the Global Patient Movement Requirement Center (GPMRC); the mission of GPMRC is to match patient requirements to the Medical Treatment Facility (MTF) capability and then to coordinate that movement using the appropriate transportation means. The coordination of the airlift portion comes from the Tanker Airlift Command Center (TACC) by using either opportune (non-medical mission, using AE capable aircraft flying an established route) or aircraft dedicated to an AE mission in supporting patient movement requirements.

Having been assigned to the 212th MASH for 5 years and deployed to the Balkans for Joint Endeavor 1996, Operation Allied Force in support of Task Force Hawk and Task Force Falcon 1999, I understand the "supporting of the war-fighter", my job was to provide Level III trauma and resuscitative care to all soldiers within the theater of operation. When that care exceeded our capabilities and evacuation was required the process for movement became global. With C17s and C130s arriving hourly opportune aircraft became available for critical evacuations. But the job wasn't over once the soldier was evacuated out; the war-fighter expects visibility on his troops at all times and GPMRC's role is to provide that visibility.

My opportunity came last winter when a position became open at GPMRC for an Army Flight Nurse. I was sent to Brooks AFB in Texas to the USAF School of Aerospace Medicine-Flight Nurse for 6 weeks in the blazing Texas heat. This course included didactic as well as hands on training with the different aircraft used in the system today. Additionally I attended the AF Medical Survival, Evasion, Resistance, and Escape Course (S.E.R.E). An awesome learning experience on how to survive crash landing/ditching and then what to do until the rescue mission arrives no matter what the time of year or the type of terrain you may find yourself in. I learned about the Air Expeditionary Force for the 21st century, how they are redesigning to become lighter and move quicker, how visibility of medical evacuation is a key component. I was able to bring to the Air Force real world deployment lessons learned, having been on the receiving side waiting for those aeromedical missions to arrive and take injured soldiers out of theater.

My job at GPMRC will be to validate routine patient movements and coordinate all priority/urgent requests. In this position I will be able to assist the Air Force/Navy to understand the Army's doctrine and the war-fighter's needs. As a flight nurse I will be flying missions on the C9s throughout CONUS providing me an ongoing awareness of mission management from the crews perspective. Flying will also keep me aware of the stresses of flight as it relates to patients; this is a primary concern when validating their movement, thereby ensuring the correct medical equipment and flight restrictions are provided.

This April I will be joined by another Army Nurse, CPT (P) Bruce Lanum, currently attending the Air Force School of Aerospace Medicine earning his flight wings. CPT Lanum and his family will be coming from Brooke Army Medical Center in San Antonio, Texas.

If anyone has questions regarding GPMRC or flight school you can contact us at
DSN 779-8157
COM 618-229-8157
Email:
teresa.duquette@hq.transcom.mil
bruce.lanum@hq.transcom.mil

Army Nurse Corps Historian
MAJ Debra Cox

Retired Army Nurse Recalls Korean War Service

By Rudi Williams
American Forces Press Service

WASHINGTON, March 30, 2001 -- A half-century has passed since retired Army MAJ Julia Baxter worked as an operating room nurse in a Mobile Army Surgical Hospital, or MASH, in war-torn South Korea.

The 80-year-old veteran remembers when more than 1,000 wounded soldiers were backlogged waiting for care in the yard outside the hospital. "We worked eight hours on and eight hours off for about a month before changing to 12 hours on and 12 hours off," said Baxter, who received the Army's Bronze Star for her wartime service.

DoD's Women's History Month ceremony hosted March 15 by Charles L. Cragin paid tribute to Army nurses like Baxter who served in the Korean War. Within days of North Korea's June 25, 1950, attack on South Korea, Cragin told the audience, 57 Army nurses were deployed to Korea to care for wounded American and allied soldiers.

Cragin, acting under secretary of defense for personnel and readiness, invited Baxter and her husband, retired Army COL Daryle Baxter, to attend the Pentagon ceremony on behalf of her Korean War counterparts. "We don't have an opportunity to thank the nurses individually, but I thought we could symbolically thank all of them who served by thanking you," Cragin told Baxter. He presented her with a certificate and a crystal Pentagon etched with the logo of the Office of the Deputy Assistant Secretary of Defense for Equal Opportunity in recognition of her Korean War service.

Baxter entered the Army Nurse Corps in April 1945 from Asheboro, N.C. She served in hospitals in the United States, Frankfurt and Berlin, Germany, and Tokyo. She went to Korea on July 6, 1950, with the 8055th Mobile Army Surgical Hospital, as a first lieutenant and was later promoted to captain.

Each day, she was reminded of the brother she'd lost in World War II. "When I first went to Korea," Baxter said, "each soldier that came in the operating room seemed like my brother. It took a little while to get over that. We did a little crying, then got back to work."

After about five months in Korea, Baxter went back to the Tokyo Army Hospital where she assisted doctors with plastic surgery and orthopedics for two years. In 1957, while stationed in Iran, she met her husband, an Army captain, and was married in 1958. She became pregnant and was discharged in 1959.

"In those days," she said, "you couldn't stay in if you were pregnant." When Baxter returned to the States, she became an occupational health nurse with the federal government. After retiring, she became a teacher in Fairfax County, Va., and later retired from that job.

"I'm 80 years old and I'm still working as a substitute teacher in a special education school --the Pulley Vocational Career Center in Fairfax County, Va.," she noted.

Baxter is pleased DoD honors its military women. "They've done so much for the country and it's about time they should be honored for their contributions," she said. "I've lived in the best of times and the worst of times and it was such an honor to be here today."

Nursing Research Update
LTC Laura Brosch

Nurse Anesthetists are essential members of Forward Surgical Teams and field military hospitals. Improving anesthesia practice and the systems that deliver anesthesia are vital to their ability to function under austere conditions. Since Dwight David Eisenhower Army Medical Center (DDEAMC) is a phase II site for the U.S. Army Graduate Program in Anesthesia Nursing, students in the program have the opportunity to identify a nursing research problem with a clinical or functional area of interest. One criterion for their graduation is completion of a research thesis. The students gain experience in research design and implementation and are assisted in this process through the combined efforts of the Nurse Researcher at Phase I (AMEDD C&S), the Nurse Researcher at Phase II (DDEAMC, MAMC, WRAMC, DACH, BAMC, and TAMC) and the Nurse Anesthesia Program faculty. Over the last two years, anesthesia students at DDEAMC have critically evaluated two aspects of their practice aimed at improving anesthesia-nursing care in field environments.

The clinical anesthesia staff at DDEAMC had noticed that patients who were anesthetized using the Ohmeda UPAC drawover vaporizer field anesthesia machine tended to have an increase in postoperative shivering compared to those patients who were anesthetized using conventional anesthesia machines. Our most recent graduates, CPT Ryan J. Wilcox and CPT Thomas G. Baughan took on this challenge. They developed a research study to see if the intravenous administration of meperidine intraoperatively decreased the incidence of postoperative shivering and also to determine if the incidence of postoperative shivering was greater in the patients who were anesthetized using the UPAC field anesthesia machine compare with those who were anesthetized using conventional anesthesia machines.

After obtaining approval by the Institutional Review Board (IRB), the students asked all the patients classified as ASA I or II that were being seen in the preoperative clinic for a surgical procedure requiring general anesthesia to be a part of their study. If they met all inclusion criteria and consented to participate, they were randomized into two groups. (Using the most readily available individuals is called a convenience sample). One group of patients received the intravenous

administration of meperidine while the other group received a placebo. Neither the patient nor the anesthesia students and their faculty knew what was given. This is called a double-blinded study. Depending on the group they were in, patients received either 1 cc of saline intravenously (control group) or 25 mg of meperidine (1 cc) intravenously (treatment group) approximately 20 minutes prior to the end of the surgery. Shivering was assessed postoperatively by the nursing staff in the Post Anesthesia Care Unit using four criteria adopted by the students based on their literature review. If two of the four criteria were present, the patient was evaluated as having shivered.

A total of 53 patients agreed to participate in the study, however, 3 were eliminated leaving 50 patients in the study. On the average, the patients were young (70% between the ages of 19 and 39) with more females (56%) in the study than males (44%). The largest category of surgical procedures was orthopedics (50%) followed by plastics (42%), EENT (6%), and urology (2%). Results showed that 47.6% of the patients given the saline shivered while 31% of the patients given meperidine shivered. Statistical analysis, however, showed these groups were not significantly different; therefore, the conclusion was that administration of 25 mg intravenously of meperidine did not significantly reduce the incidence of shivering with the use of the UPAC drawover anesthesia system. They then compared the incidence of shivering in patients receiving anesthesia via a conventional anesthesia machine from a prior study with patients that received the placebo in their study. Again, statistical analysis did not reveal any significant difference between shivering in both groups, thus the clinical staff's observations were not substantiated by this study. One interesting finding that was found to be statistically significant was that patients less than 30 years old shivered more than those over 30 years of age. Based on their results, CPT Wilcox and CPT Baughan recommend future studies be done using a larger population of patients getting a bigger dose of meperidine at a time interval closer to the end of surgery.

The most recent DDEAMC group of students, CPT Joan T. Grano, CPT Andrea L. Roberts, and CPT Annabel J. Bigley, chose a research study that is part of a larger program of research coordinated by COL Stephen Janny BAMC. Since oxygen concentrators are currently being used by Forward Surgical Teams in the field environment because they are a safe, inexpensive, and easier to transport than oxygen cylinders, there was a need to determine which flow rates could be safely used when supplying oxygen for a semi-closed anesthesia circle. Oxygen concentrators produce about 93% (plus or minus 3%) oxygen, less than 1% nitrogen, and the remaining gas is argon. Since argon is an inert gas, there is a danger that it might accumulate in the circuit at low flow rates displacing oxygen to the point that the patient would be breathing less oxygen than what is found in room air. Thus it was critical to determine what was the minimum safe oxygen flow from the oxygen concentration that could be used with a semi-closed anesthesia circle system.

Volunteers from the students and faculty at the AMEDD C&S were asked to participate in the study. Nine healthy subjects volunteered and each one had three trials of breathing in a semi-closed anesthesia circle system with oxygen being supplied from the oxygen concentrator. One trial was at 0.5 liters per minute (LPM) flow, one trial was at 1 LPM, and the third trial was at 2 LPM. The order of the trials were counterbalanced, which means the different liter flows were administered in a random order for each subject rather than being administered consistently in the same sequence. Each trial lasted until a plateau was reached for inspired oxygen of greater than 21%. All subjects breathed pure oxygen for 10 minutes at the start of each trial in order to denitrogenate the gases in their lungs. Inspiratory and expiratory gases were measured directly for oxygen, carbon dioxide, nitrogen, and indirectly for argon.

Their results showed a clinically and statistically significant decrease in inspired oxygen along with argon accumulation, and surprisingly, nitrogen accumulation at 0.5-LPM flow. At 1 and 2 LPM, even with the oxygen dilution, there was at least 2 ½ times the estimated metabolic oxygen requirements being delivered. The direct application, therefore, is a strong recommendation that the flow rates less than 1 LPM from oxygen concentrators are not to be used in a semi-closed anesthesia circle system.

These two research studies by students show how clinically relevant research can improve nurse anesthesia practice and provide a scientific rationale for their nursing practice. Both studies were done in the context of readiness and will directly impact nurse anesthesia practice in combat and field environments.

1901-2001: A Century of Heroism
COL Mary T. Sarnecky, USA, Ret. and MAJ Debora Cox

On February 2, 2001, the U.S. Army celebrated a century of heroic service by Army nurses worldwide. The 100th anniversary commemorated the founding of the Army Nurse Corps as a distinct yet integral branch of the Army and its medical department. While making their many contributions in times of war and peace over these 100 years, members of the Army Nurse Corps have always shown heroism.

During World War I, the Army nurses of Evacuation Hospital No. 4 saw their share of combat. Just before Armistice Day, the war-weary unit's tents were positioned a few kilometers from Verdun, France. On the morning of November 2, 1918, the German gunners launched a final day-long offensive, steadily raining ordnance on the hospital tents. Cassie White was the hospital's chief nurse. Following orders, she directed her Army nurses to prepare their patients for evacuation from the line of fire.

Another of the unit's Army nurses, Henrietta Robinson, paused in the midst of the onslaught to attend to a patient. The terrified casualty forced Robinson under his cot, exclaiming, "If a shell comes in here, it will have to go through me before it can get to you!" Robinson refused to cower under the bed but carried on to assist in the exodus. The Army Nurse Corps heroines of Evacuation Hospital No. 4 were not unique. They typified the majority of Army nurses who served in the Great War.

Similarly, there was no lack of heroic Army nurses participating in World War II. For example, 1st Lt. Blanche F. Sigman was the chief nurse of the 95th Evacuation Hospital, a unit situated under canvas at Nettuno, Italy, during the bitter and bloody Anzio beachhead. In February 1944, Sigman and three other nurses were hit by enemy fire when a German bomber, with a British fighter in hot pursuit, jettisoned its payload of bombs over the hospital. All four perished. The Army subsequently named a hospital ship for the fallen heroine. Sigman and other Army nurses killed in action have demonstrated a sense of higher duty and selfless purpose. These valorous individuals serve as models of altruism for all soldiers to emulate.

Heroic acts are not, however, restricted to the battlefield. Capt. Viola McConnell, for instance, was the only Army Nurse Corps officer on duty in the "Land of the Morning Calm" in late June 1950 when the North Korean People's Army suddenly surged south across the 38th Parallel. McConnell's immediate charge was to organize and supervise the evacuation of 643 ill and infirm servicemembers, American military wives and children, and other expatriates who were compelled to leave the beleaguered country.

McConnell guided the evacuees onto the Norwegian ship Rheinholt, a vessel with berths for only 12 passengers. Among the group were four pregnant women about to deliver; a traveler with a skull fracture; a baby with pneumonia and chicken pox; another infant with a strangulated hernia; five more babies with diarrhea; two elderly ladies, one senile and the other with advanced arthritis; and several patients suffering from alcoholism. McConnell assessed the vessel's facilities, hurriedly made plans and situated the passengers as the ship departed. She directed those with newborns into the crew's hastily vacated quarters. She assigned mothers with older or no children to sleep in the hold on GI bedrolls. Six of the seven male passengers were of little help as two were elderly, one was ill "from too much whiskey," another was recuperating after a hospitalization, and two were "very lazy characters that were always on time for chow." The seventh man "worked like a Trojan."

McConnell did have some assistance. A U.N. nurse, an Army wife who also was a nurse, and six nurses and a female physician who were missionaries mixed, sterilized and bottled formula for the 277 infants on board and cared for those in the 12 berths. After two days, the weary and frightened band arrived in Fukuoka, Japan, and found shelter at the 118th Station Hospital. At her own request, McConnell returned to Korea immediately.

Instances of heroism were also commonplace in our longest conflict, the Vietnam War. Capt. Gus N. Alexander Jr. served as a regional nurse adviser in the Military Provincial Hospital Augmentation Program in Vietnam in 1971. As a consultant to a number of Vietnamese hospitals, Alexander's constraints included primitive physical facilities, meager supplies and equipment, insufficient staff, an uncooperative hierarchy, cultural and language barriers and archaic professional practice. In spite of these impediments, Alexander's efforts resulted in much-needed improvements in the practices of the Vietnamese nurses.

First Lt. Diane M. Lindsay was another heroine of the Vietnam War. In July 1970, while on duty at the 95th Evacuation Hospital in Da Nang, Lindsay controlled a crazed soldier intent on detonating a grenade within the hospital compound. For her valor in preventing seemingly inevitable and extensive loss of life and limb, Lindsay became the first African-American woman to be recognized with the Soldier's Medal.

All of these Army nurses, and countless other unsung Army Nurse Corps women and men, have proven their mettle by exceeding the parameters that delineate heroism. They strove relentlessly to reach their goals, often in the face of strong resistance. The Army Nurse Corps now prepares to enter its second century of heroic tradition and compassionate care to our soldiers and their families.

COL. MARY T. SARNECKY, DNSc, RN, CS, FNP, U.S. Army Ret., is the author of *A History of the U.S. Army Nurse Corps*, which won the *American Journal of Nursing* Book of the Year 2000 in the Public Interest Category. MAJ. DEBORA R. COX is the Army Nurse Corps historian and deputy chief, Office of Medical History, Office of the Surgeon General.

ATTENTION 91C AND 91D SUPERVISORS !!

If you supervise a recent graduate of the 300-91C10 course (Practical Nurse) or the 300-91D10 (OR Tech), **WE WANT YOU** !!

These AMEDDC&S programs seek feedback on the performance of their graduates in order to revise and improve training. If you or your staff supervise an OR tech or Practical Nurse who graduated from these basic programs within the last 6 months, we request and encourage you to complete the Supervisor Surveys listed at the following web sites.

a. For 91C's, go to http://208.12.176.60/ke_survey/survey.html.
b. 91D graduate surveys are from 3 separate areas – please complete the appropriate survey applicable to your graduate.
   1. http://208.12.176.60/ke_survey/supv91dor.html, Operating Room
   2. http://208.12.176.60/ke_survey/supv91dcms.html, CMS
   3. http://208.12.176.60/ke_survey/supv91dtoe.html, TO&E unit

The survey results will be collated and forwarded to the proponent Branches. Assessments and comments from surveys are an integral part of the training review process and we welcome and need your feedback. Direct input is used to adapt the program curriculum to meet the needs of the work environment. Please tell us about our "product" so that we may better serve the Army's most important resource, the soldier.

CONGRATULATIONS on your PUBLICATIONS

MAJ Colette McKinney, OIC, Urgent Care Center, Bassett Army Community Hospital, Fort Wainwright, AK, published the following article in the chapter Elimination Pattern in the book Nursing Care of Older Adults: Diagnoses, Outcomes, & Interventions, Mosby, 2001, chap 18, pp 218-219 -- "Normal Changes with Aging (Urinary System, Gastrointestinal System, Managing Alterations in Elimination)".

Ruzicka, D. & Daniels, D.(2001). Implementing a pain management service at an Army medical center, Military Medicine, 166(2), 146-151.

Czerwinski, B., Wardell, D., Yoder, L., Connelly, L., Ternus, M., Pitts, K., & Kouzekanani, K. (2001). Variations in feminine hygiene practices of military women in deployed and noncombat environments, Military Medicine, 166(2), 152-158.

Yoder, L.H. (2001). Management of clients with hematologic disorders. In J. Black, J. Hawks, & A. Keene (Eds.), Medical-Surgical Nursing (6th ed., pp. 2103-2139).

Yoder, L.H. (2001). Management of the client with leukemia and lymphoma. In J. Black, J. Hawks, & A. Keene (Eds.), Medical-Surgical Nursing (6th ed., pp. 2165-2182).

ATTENTION ALL!!!

U.S. Army Women's Museum Fort Lee Virginia

Museum Dedication – May 11 at 2 p.m.
This is an opportunity to truly honor our past.

The Department of Nursing Science, AMEDDC&S received a major budget cut for FY 01. In an effort to manage the budget deficits, we regret to inform you that the Head Nurse Course previously scheduled for 1-13 April has been cancelled. Due to the decreased number of seats for this course, attendance is limited in upcoming courses to officers currently serving in or slated for a Head Nurse position. Additionally, the remaining Advance Nurse Leadership Courses (ANLC) scheduled for May and September have been cancelled.

100th Anniversary Ball Photos

Would you like pictures of the 100th Anniversary Ball???? If so see order form at the end of the newsletter.

11 April 2001

Women In Military Service For America Memorial Foundation

Wilma L. Vaught
BrigGen, USAF (Ret.)
President

DOD Health Affairs

John F. Mazzuchi, PHD. DASD
Clinical and Program Policy

Department of Veterans Affairs

Joan Furey
Director
Department of Veterans Affairs Center for Women Veterans

Uniformed Services University of the Health Sciences

James Zimble, MD,
President

Faye Abdellah
RN, Ed.D., Sc.D., FAAN
Dean, Graduate School of Nursing

SUBJECT: Call for Abstracts: Military and Veteran Women Health Research

1. On September 20 and 21, 2001, "Women In Military Service: Research on Health for Today and Tomorrow" will be presented at the Women In Military Service Memorial through a partnership of Department of Defense, Uniformed Services University of the Health Sciences, Women In Military Service for America Memorial Foundation, and the Department of Veterans Affairs. The purpose of the conference is to highlight research through presentations and posters focusing upon the health of military and veteran women. Plans include keynote presentations on both days of the conference, a poster session, and welcome reception. Members of the Women's Memorial Health Seminar Series committee are coordinating the conference.

2. Abstracts are invited for submission related to military and veteran women's health research. Previously published and presented work may be submitted. In-progress studies are welcome for poster presentation.

3. General specifications for abstract submission are found in the enclosure. Additional guidelines for presentations and poster preparation will be mailed with letters of selection. The abstract review panel will consist of content and methods experts in military and veteran women's health research. Letters of selection will be mailed by 1 July 01.

4. Point of contact for more information or questions regarding abstract submission may be directed to Janice B. Agazio, DNSc, RN at 301-295-1004 or email jagazio@usuhs.mil.

James Zimble, MD
President

General Specifications for Submitting Abstracts:

Abstracts are limited to one page in length. Please ensure that your submission has been formatted properly before you submit it. We cannot accept abstracts after 20 April 2001.

Preparing and Formatting Your Abstract:

NOTE: If your abstract is accepted, it will be reproduced in the form in which it was received. If you submit an abstract that does not conform to these specifications, we cannot accept or retype it.

(1) Leave a 1.5 inch margin on all four sides (top, bottom, right and left). The entire abstract -- including title, authors, and text -- must fit completely within these margins on a standard (8.5" by 11") sheet of paper. There can be no line around the abstract. The entire abstract must be typed, single spaced, with a line between paragraphs. Use 12-point Times New Roman or Courier typestyle.

(2) Within those margins, first provide the title of the presentation (capitalized), followed by the name and affiliation of each author. The author's last name should precede his or her initials without periods. (For example, author Mary B. Scott would appear as "Scott, MB.") Underline the name of the presenting author.

(3) The body of the abstract should clearly state both your data and your conclusions. It is usually best to begin by presenting the background of the study, followed by a brief description of the methods employed, then a summary of the results, a statement of the conclusions, and the chief clinical and/or military significance of the project. Do not include illustrations. Any abbreviations or acronyms other than well-known terminology such as "HIV" or "MRI" must be written out at the first use.

Submitting Your Abstract:

We prefer that you save your abstract in either MS Word or WordPerfect, then attach it to an e-mail addressed to:

jagazio@usuhs.mil

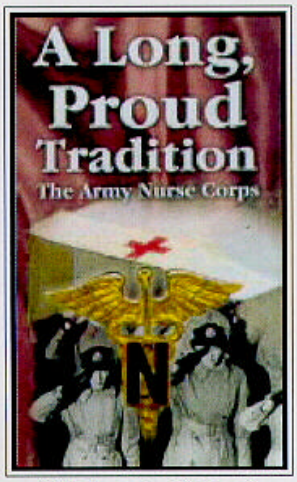
Put the words "Abstract Submission" in the subject line and include the presenting author's name and affiliation. Information from the registration form may be included in the email message. Any identifying information will be removed prior to blinded review.

If you prefer to mail, submit one camera ready abstract with identifying information of the author(s) included following the title, three blinded copies of the abstract with all author information removed, and a disk with the abstract in either MS Word or Word Perfect. Please do not use a dot matrix printer, since the type will not reproduce well enough to be legible in the abstract booklet. We cannot accept faxed submissions. Send abstracts and disk, plus a completed registration form to:

Women's Memorial/Veteran Women's Health Research Conference

C/0 Janice Agazio, DNSc, RN
Graduate School of Nursing
Uniformed Services University of the Health Sciences
1335 East West Highway, Suite 9-100
Silver Spring, Maryland 20910

ARMY NURSE CORPS CENTENNIAL COMMEMORATIVE ITEMS



"A Long, Proud Tradition" Video

The Army Nurse Corps 1901-2001

"THE SPIRIT OF NURSING"

Help commemorate 2001 as the Centennial Anniversary of the founding of the Army Nurse Corps with two special items celebrating its service. The figure is a replica of the Spirit of Nursing Memorial honoring the service of military nurses in our nation's history at Arlington National Cemetery. This museum quality, hand-sculpted figure is approximately 200mm scale, of a sturdy artificial stone and finished in a beautiful bronze patina. The other item, "A Long, Proud Tradition: The Army Nurse Corps", is a wonderful TV documentary of the noble sacrifices and courageous contributions made by the nurses of the U.S. Army. This 30 minute film spans the 100 year history of the Army Nurse Corps with a mix of historical photos, live footage, and narration. To order contact the Army Historical Foundation at 1-800-506-2672 or www.ArmyHistoryFnd.org. Proceeds support the Army Nurse Corps Fund.

Yes, please send me the following Nurse Corps items. Make check payable to:
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